

## **GROUP INSURANCE SUPERVISOR**

### **PURPOSE AND NATURE OF WORK**

Position is responsible for supervising, documenting, processing, and reporting City-Parish group insurance claims and premiums. Applicable policies include health, life, accidental death and dismemberment, and stop loss. A majority of time is devoted to the group health plan. Supervision is exercised over three Group Insurance Specialists. Work is performed with relative independence under the general direction of the Risk and Insurance Manager.

**ILLUSTRATIVE EXAMPLES OF WORK** (Note: These examples are intended only to illustrate the various types of work performed by incumbents in this class. All of the duties performed by any one incumbent may not be listed, nor does any incumbent necessarily perform all of these duties.)

Schedules and conducts meetings with employees, retirees and COBRA participants to inform them of changes in the health plan, new plan requirements, or premium changes. Serves as liaison between employees, health professionals, and the Risk Management Division relative to questions and complaints. Calculates and reports premiums collected for group health, life, stop loss, and accidental death and dismemberment policies. Processes claims. Coordinates third party subrogation claims. Investigates fraudulent insurance claims; obtains legal opinions in reference to disputed claims. Reviews and reports claims data; recommends ways to minimize health care costs; reviews spreadsheets and formulates data. Supervises the processing of insurance claims and processes large or difficult claims.

Performs related work as required.

### **NECESSARY KNOWLEDGES, ABILITIES, AND SKILLS**

Considerable knowledge of health insurance claim processing principles and practices.  
Considerable knowledge of the laws and City-Parish policies and regulations applicable to the settlement of health insurance claims.

Ability to apply basic accounting, bookkeeping and record keeping principles to the maintenance of fiscal and insurance records.

Ability to make arithmetic computations and tabulations rapidly and accurately using a calculator and computer.

Ability to clearly and concisely express ideas orally and in writing to groups and individuals.

Ability to evaluate difficult and unusual health insurance claims.

Ability to establish and maintain effective working relationships with superiors, employees, health professionals, and others.

### **DESIRABLE TRAINING AND EXPERIENCE**

Graduation from high school supplemented by college level courses in business administration or related field, and considerable experience in basic accounting or bookkeeping and group health/life insurance claims processing including supervisory experience; or any equivalent combination of training and experience.